STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Wawbay Clipper		2. DATE 9-25-14
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 50	3B. ANNUAL SUBSCRIPTION PRICE $28-in State; 37-out of State
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) P.O. Box 47 - Wawbay - Day - South Dakota 57273-0047		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. Box 47 - Wawbay, SD. 57273-0047		
6. FULL NAME OF PUBLISHER: Linda M. Walters		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Linda M. Walters	P.O. Box 47 - Wawbay, SD. 57273

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

NONE

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	700	700
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	375	315
2. Mail Subscription (Paid and or requested)	234	228
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	609	603
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	7	7
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	~~0~~	~~0~~
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	616	610
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	84	90
2. Return from News Agents	~~0~~	~~0~~
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	700	700

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Linda M. Walters
(Signature)

Owner/Publisher
(Title)

State of South Dakota)
§
County of Day)

Sworn to before me this 25 day of Sept, 2014

Paula J. Beisch
Notary Public

(Seal)

My commission expires: Paula J. Beisch
Notary Public, Day County, S. Dak.
My Commission Expires
January 30, 201[illegible]

Form: SOS REC 051 8/2014